

**FORM 40****RESIDENTS AND
PART-YEAR RESIDENTS****Alabama Individual Income Tax Return****1997**

For the year Jan. 1 - Dec. 31, 1997, or other tax year beginning

1997, ending , 19

Your first name and initial (if joint return, also give spouse's first name and initial)

Last name

L
A
B
E
L

H
E
R
E

Present home address (number and street or P. O. Box number)

PLACE LABEL HERE

City, town or post office, state, and ZIP code

Your social security number

Spouse's soc. sec. no. if joint return

FN (For official use only)

**Filing Status
and
Exemptions**

Check only one box.

- 1 ☐ \$1,500 Single
- 2 ☐ \$3,000 Married filing joint return (even if only one spouse had income)
- 3 ☐ \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
- 4 ☐ \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

- 5 Name _____
- Soc. Sec. No. _____
- Relationship _____

**Income
and
Adjustments**

- 6 Wages, salaries, tips, etc. (list each employer and address separately):
- | | A - Alabama tax withheld | B - Income |
|---|--------------------------|------------|
| a | a | 6a |
| b | b | 6b |
| c | c | 6c |
| d | d | 6d |
- 7 Interest and dividend income (also attach Schedule B if over \$400) 7
- 8 Federal income tax refunds received in 1997. (see page 9 of instructions) 8
- 9 Other income (from page 2, Part I, line 10) 9
- 10 Total income. Add amounts in the income column for line 6a through line 9 10
- 11 Total adjustments to income (from page 2, Part II, line 8) 11
- 12 Adjusted gross income. Subtract line 11 from line 10 12

Deductions

- 13 Check box a, if you itemize deductions, and enter amount from Schedule A, line 25.
Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)
- ▶ ☐ a Itemized Deductions ▶ ☐ b Standard Deduction 13
- 14 Federal income tax withheld and paid during 1997 (see page 10 of instructions) 14
- 15 Personal exemption (from line 1, 2, 3, or 4) 15
- 16 Dependent exemption (from page 2, Part III, line 2) 16
- 17 Total deductions. Add lines 13, 14, 15, and 16 17

Tax

Staple check or money order on top of Form(s) W-2, W-2G, and/or 1099.

- 18 Taxable income. Subtract line 17 from line 12 18
- 19 Tax due. Enter here and check if from ☐ Tax Table or ☐ Form NOL-85A 19
- 20 Less credits from: ☐ Schedule CR and / or ☐ Schedule OC and / or ☐ Enterprise Zone Act (see instructions) 20
- 21 Net tax due Alabama. Subtract line 20 from line 19 21
- 22 You may make a voluntary contribution to any of the following: Alabama Election Campaign Fund, or the Neighbors Helping Neighbors Fund.
- | | | |
|-------------------------------|---|-------|
| a Alabama Democratic Party | <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | ▶ 22a |
| b Alabama Republican Party | <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | ▶ 22b |
| c Neighbors Helping Neighbors | | ▶ 22c |
- 23 Total tax liability and political contribution. Add lines 21, 22a, 22b, and 22c 23

Payments

- 24 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099) 24
- 25 Amount paid with extension (attach Form 4868A) 25
- 26 1997 estimated tax payments (see instructions on page 11) 26
- 27 Total payments. Add lines 24 through 26 27

**AMOUNT
YOU OWE**

- 28 If line 23 is larger than line 27, subtract line 27 from line 23, and enter AMOUNT YOU OWE. CN
- Attach check or money order for the full amount payable to "Alabama Department of Revenue." (SIGN this return on reverse side.)

OVERPAID

- 29 If line 27 is larger than line 23, subtract line 23 from line 27, and enter amount OVERPAID 29
- 30 Amount of line 29 to be applied to your 1998 estimated tax 30

**Donation
Check-offs**

- 31 You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes).
- | | | | |
|----------------------------|---|---|---|
| a AL Aging Fund | ▶ | f AL Indian Children's Scholarship Fund | ▶ |
| b AL Arts Development Fund | ▶ | g Penny Trust Fund | ▶ |
| c AL Nongame Wildlife Fund | ▶ | h Foster Care Trust Fund | ▶ |
| d Child Abuse Trust Fund | ▶ | i Alliance for the Mentally Ill of AL | ▶ |
| e AL Veterans Program | ▶ | j Mental Health Consumers of AL | ▶ |
- 32 Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, i, and j 32

REFUND

- 33 REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.) 33

PLEASE

- Verify your social security number
- Recheck your math
- Sign return on reverse side
- Attach W-2 form(s)

| | | |
|----|--|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5b | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

(see page 13)

| | | |
|----|--|--|
| 10 | | |
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

(see page 14)


| 1a Dependents: (1) First name | | (2) Dependent's social security number. | (3) Dependent's relationship to you. | (4) Did you provide more than one-half dependent's support? |
|----------------------------------|--|---|--------------------------------------|---|
| Last name | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

b Total number of dependents claimed above

2 **Amount allowed.** (Multiply \$300 by the total number of dependents claimed on line 1b.)
 Enter amount here and on page 1, line 16

Do not include
yourself or
your spouse


(See page 10)

1a Residency  ☐ Full Year If you were a part-year resident of Alabama during 1997, indicate your period of residence:
 Check only one box ☐ Part Year From _____ 1997 through _____ 1997. Total months _____

2 Did you file an Alabama income tax return for the year 1996? ☐ Yes ☐ No

3 If no, state reason. _____

4 Give name and address of present employer(s). Yours _____
 _____ Your Spouse's _____

5 Enter your Adjusted Gross Income reported on your 1997 **Federal** Individual Income Tax Return 

| | | |
|---|--|--|
| 5 | | |
|---|--|--|



6 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? ☐ Yes ☐ No
 If yes, enter source(s) and amount(s) below: *(other than state income tax refund)*

| | | |
|--------------|--------------|--|
| Source _____ | Amount _____ | |
| Source _____ | Amount _____ | |

**All Taxpayers
Must Complete
This Section.**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------|---------------------------------------|---------------------|
| Your signature | Date | Daytime telephone number () | Your occupation |
| Spouse's signature (if joint return, BOTH must sign) | Date | Daytime telephone number () | Spouse's occupation |

| | | | |
|---|----------|---|---|
| Preparer's signature  | Date | Check if self-employed <input type="checkbox"/> | Preparer's social security no. : : : |
| Firm's name (or yours if self-employed) and address  | E.I. No. | | |
| | ZIP Code | | |

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

If you are due a refund, mail your return to:

Alabama Income Tax Refund
P. O. Box 154
Montgomery, AL 36135-0001

If you are not due a refund, mail your return to:

Alabama Income Tax Division
P.O. Box 2401
Montgomery, AL 36140-0001

Mail **only** your 1997 Form 40 to one of the above addresses. Amended returns and all other correspondence should be mailed to Alabama Department of Revenue, Income Tax Division, P. O. Box 327410, Montgomery, AL 36132-7410.